

**WORKSHEET**  
**HEALTH REIMBURSEMENT FSA**

Annual estimated expenses for services rendered in the upcoming plan year not reimbursed by your medical and dental plans:

Medical expenses, such as:

- Deductibles and copays \$ \_\_\_\_\_
- Routine exams (school physicals, etc.) \$ \_\_\_\_\_
- Prescription drug copays \$ \_\_\_\_\_
- Smoking cessation (program, prescription medicine) \$ \_\_\_\_\_
- Other eligible expenses\* \$ \_\_\_\_\_

Dental Expenses, such as:

- Deductibles and copays \$ \_\_\_\_\_
- Orthodontic (braces, etc.) \$ \_\_\_\_\_
- Dentures, including replacements \$ \_\_\_\_\_

Vision care expenses, such as:

- Exams \$ \_\_\_\_\_
- Eyeglasses or contacts \$ \_\_\_\_\_
- Vision surgery \$ \_\_\_\_\_

**Total Annual Estimated Flexible Health Expenses** \$ \_\_\_\_\_

My taxable wages will be reduced by the following amount each pay period:

$$\begin{array}{ccccccc} \underline{\hspace{2cm}} & & \times & & \underline{\hspace{2cm}} & & = & & \$ & \underline{\hspace{2cm}} \\ \text{Per Pay Period} & & & & \text{24} & & & & & \\ \text{Redirection} & & & & \text{Number of pay periods} & & & & & \text{Annual Health} \\ & & & & & & & & & \text{FSA Amount} \end{array}$$

\*Eligible expenses include any expenses considered deductible by the IRS for federal income tax purposes other than insurance premiums and long-term care expenses. See IRS publication 502 for more information.

**WORKSHEET**  
**DEPENDENT CARE FSA**

Qualifying expenses are those incurred for the care and well being of your dependent so that you may be gainfully employed.

**CHILD/DEPENDENT CARE REIMBURSEMENT ACCOUNT**

- Annual payment to a child/dependent care facility or individual \$ \_\_\_\_\_
- Annual payment to other qualifying care providers \$ \_\_\_\_\_

**Total Annual Estimated Child/Dependent Care Expenses** \$ \_\_\_\_\_

My taxable wages will be reduced by the following amount each pay period:

$$\begin{array}{ccccccc} \underline{\hspace{2cm}} & & \text{x} & & \underline{\hspace{1cm}} & & \text{=} & & \$ & \underline{\hspace{2cm}} \\ \text{Per Pay Period} & & & & 24 & & & & & \text{Annual Dependent} \\ \text{Redirection} & & & & \text{Number of pay periods} & & & & & \text{Care FSA Amount} \end{array}$$